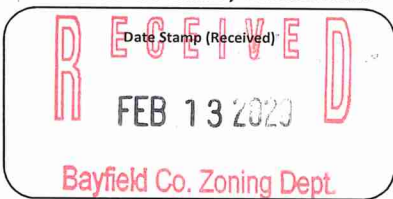


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

ATF

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	20-00
Date:	2-19-2020
Amount Paid:	\$330 2-18-2020
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: Jason Hartung		Mailing Address: N2265 Cty Rd C		City/State/Zip: Elmwood, WI 54740		Telephone: 715-283-4910		
Address of Property: 49475 E Shore Rd		City/State/Zip: Barnes, WI 54873				Cell Phone: 715-279-1141		
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 2075		Recorded Document: (Showing Ownership) 2019 R-577688 609G				
1/4, 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #	Subdivision:
Section 17, Township 44 N, Range 09 W		Town of: Barnes		Lot Size N 100' of 4		Acreage 3.265		

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Short Term Rental	2-Story	<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Special Use: (explain) Short term Rental	( X )	3400
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	Other: (explain) _____	( X )		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jason Hartung  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 2/5/2020

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

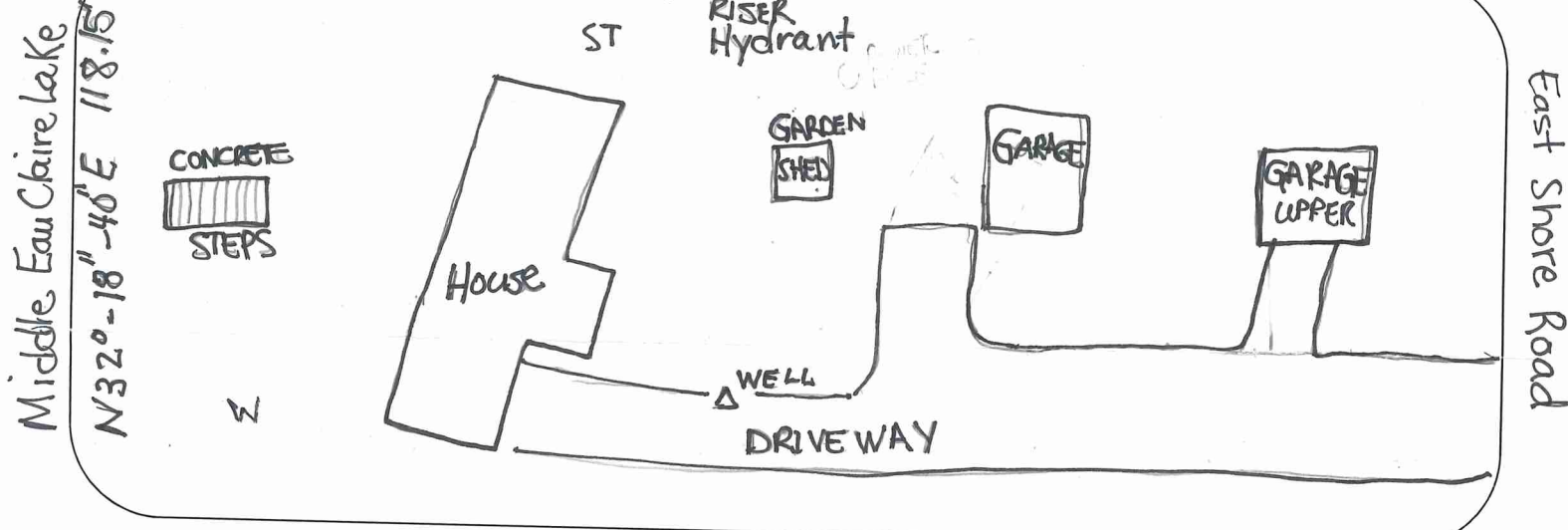
Original Application MUST be submitted



Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- (1) Show Location of: Proposed Construction **NONE**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* Driveway and (\* Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* Well (W); (\* Septic Tank (ST); (\* Drain Field (DF); (\* Holding Tank (HT) and/or (\* Privy (P)
- (6) Show any (\*): (\* Lake; (\* River; (\* Stream/Creek; or (\* Pond
- (7) Show any (\*): (\* Wetlands; or (\* Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

NO CONSTRUCTION BEING DONE

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	1000 + Feet	Setback from the Lake (ordinary high-water mark)	80 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	14 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	14 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	90 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1000 + Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	5 + Feet	Setback to Well	Feet
Setback to Drain Field	10 + Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 425017	# of bedrooms: 3	Sanitary Date: 9/15/03
Permit Denied (Date):		Reason for Denial:		
Permit #: 20-0032		Permit Date: 2-19-2020		
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record) 168-530	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Workshop looks like sleeping/owners said there was + would take them out + not sleep in unless additional permits		Zoning District (R-1)		
Date of Inspection: 1/29/20		Lakes Classification (1)		
Inspected by:		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached		Condition: Maximum occupancy limited to 3 Bedrooms or sleeping areas based upon septic system design for the dwelling. Must contact Bayfield County Health Dept for licensing as required by State Statute and contact Town regarding room tax.		
Signature of Inspector: [Signature]		Date of Approval: 2/19/20		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



City, Village, State or Federal  
Permits May Also Be Required

After-the-Fact  
LAND USE – **X**

SANITARY – **425017 (9/5/2003)**

SIGN –

SPECIAL – **Class A**

CONDITIONAL –

BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0032** Issued To: **Jason Hartung**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **17** Township **44** N. Range **9** W. Town of **Barnes**

**N 100' of**

Gov't Lot

Lot **4**

Block

Subdivision

CSM#

For: **Residential Other: [ 1 – Unit; 2- Story; Short-term Rental ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** Maximum occupancy limited to 3 bedrooms or sleeping area based upon septic system design for the dwelling. Must contact Bayfield County Health Department for licensing as required by State Statute and contact Town regarding room tax. No sleeping in out buildings.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**February 19, 2020**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 38  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
Date Stamp (Received)  
FEB 07 2020

Bayfield Co. Zoning Dept.

ENTERED

Permit #:

20-0033

Date:

2-19-2020

Amount Paid:

\$125 2-7-2020  
\$175 2-7-2020  
\$300 ATF 2-7-2020

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: MR. STALEY JORDHEIM		Mailing Address: 1243 Norway Pines	
Address of Property: 1220 LAKERD		City/State/Zip: NEW RICHMOND, WISCONSIN	
Contractor:		City/State/Zip: BARNES, WI 54873	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Plumber:	
Agent Phone:		Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION		Tax ID# 1601	
Legal Description: (Use Tax Statement)		Recorded Document: (Showing Ownership)	
Gov't Lot		Subdivision:	
Lot(s)		Lot Size	
CSM		Acreage	
Vol & Page V819 P82		Section 7, Township 44 N, Range 09 W	
Town of: Barnes		Lot Size 900' x 300'	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	

Existing Structure: (if addition, alteration or business is being applied for)	Length: 16'	Width: 24'	Height: 9'
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( X )	
	with Loft	( X )	
	with a Porch	( X )	
	with (2nd) Porch	( X )	
	with a Deck	( X )	
<input type="checkbox"/> Commercial Use	with (2nd) Deck	( X )	
	with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( X )	
	<input checked="" type="checkbox"/> Addition/Alteration (explain) Add living room / bathroom to inside existing	( X )	384
	<input type="checkbox"/> Accessory Building (explain)	( X )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (explain)	( X )	
	<input type="checkbox"/> Special Use: (explain)	( X )	
	<input type="checkbox"/> Conditional Use: (explain)	( X )	
	<input type="checkbox"/> Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_

Date 1-31-20

Date \_\_\_\_\_

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

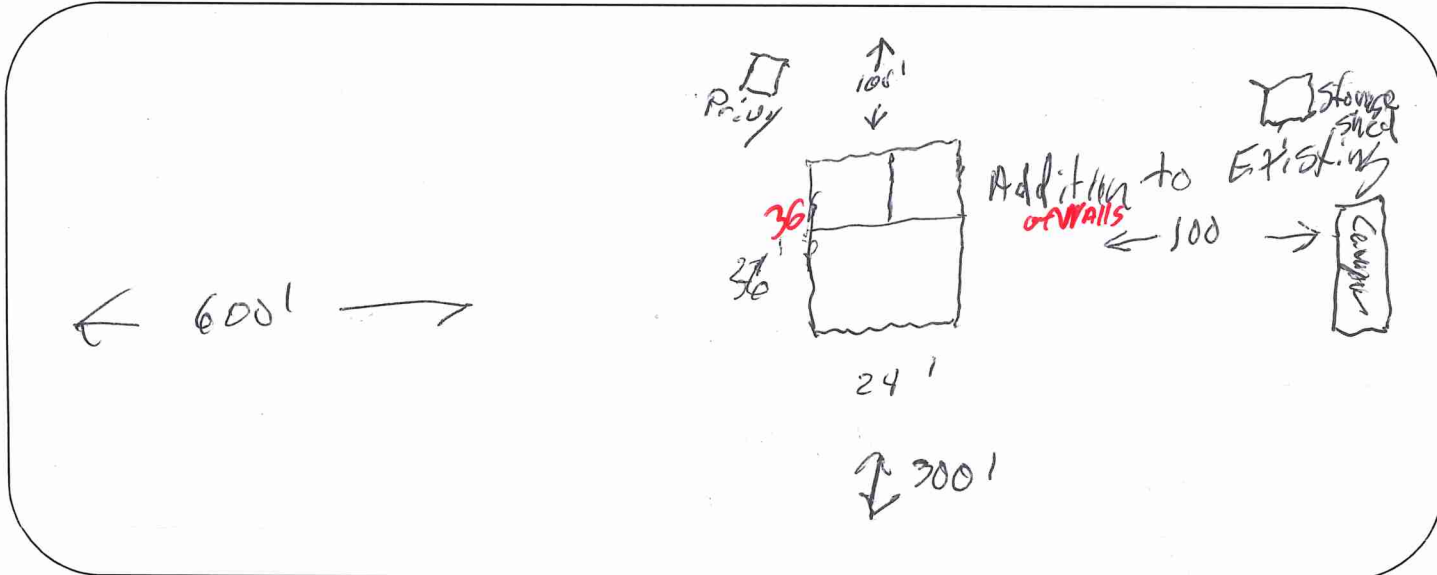
Original Application MUST be submitted



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink - **NO PENCIL**

- (1) Show Location of: **Proposed Construction**  
 (2) Show / Indicate: **North (N)** on Plot Plan  
 (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road** (Name Frontage Road)  
 (4) Show: **All Existing Structures** on your Property  
 (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
 (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
 (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	600 Feet		
Setback from the South Lot Line	100 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	300 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	60 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <b>03-0160</b>	# of bedrooms: <b>Privy</b>	Sanitary Date: <b>5/13/03</b>
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>20-0033</b>		Permit Date: <b>2-19-2020</b>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <b>(Deed of Record)</b> <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <b>(Fused/Contiguous Lot(s))</b> <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:		Zoning District <b>(F-1)</b> Lakes Classification <b>(-)</b>		
Date of Inspection: <b>9/25/19</b>	Inspected by: <b>[Signature]</b>	Date of Re-Inspection:		
Condition(s): <b>Town, Committee or Board Con</b>		Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. Must meet and maintain setbacks.		
Signature of Inspector: <b>[Signature]</b>		Date of Approval: <b>2/19/20</b>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	



Town, City, Village, State or Federal  
Permits May Also Be Required  
**After-the-Fact**

LAND USE – **X**

SANITARY – **03-0160 (Pit Privy)**

SIGN –

SPECIAL – **Class A**

CONDITIONAL –

BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0033** Issued To: **Stacey Jordheim**

E ½ of the NE ¼ of the

Location: **SW** ¼ of **SW** ¼ Section **7** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Other: [ 1- Story; Conversion to Residence = 384 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction If required. Must meet and maintain setbacks. Repair privy to exclude flies, rats, and vermin by June 1, 2020,**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**February 19, 2020**

Date